

City of Boston Assessing Department

Exemption Information Requisition

PRELIMINARY CONSIDERATION - FY 2007

Mass. General Laws Ch. 59, S. 38D

General Information

Name of Organization Seeking Exemption : _____

Contact Person: _____

Phone #:(Day) - - (Eve.) - -

Mailing Address: _____

(Number and Street) City State ZIP CODE

Personal Property

1. Business Identification Number: _____

2. Is organization seeking exemption for personal property only (it owns no real estate)? ☐ Yes ☐ No

Real Property Identification

Provide the following information as it appears on the FY 2006 tax bill.

Ward:

--	--

 Parcel:

--	--	--	--	--

 -

--	--

 Total Full Valuation: _____ Class : _____
(Land Use)

Location: _____ Zip Code:

--	--	--	--	--

(Number and Street)

Multi-Parcel Section

1. Does this property consist of more than one parcel? ☐ Yes ☐ No

2. If yes, list all additional WARD and PARCEL numbers: Ward Parcel

	-		-		-	
	-		-		-	
	-		-		-	
	-		-		-	
	-		-		-	
	-		-		-	
	-		-		-	

Basis for Exemption

1. Please check the appropriate reason for exemption as of July 1, 2006.
☐ M. G. L. C.59, § 5, Clause Eleventh (House of Worship/Parsonage)
☐ M. G. L. C.59, §5, Clause Third (Literary, Benevolent, Charitable, Scientific, Temperance)
☐ Other: _____
2. Did the applicant file a Form 3ABC for FY2007 with the Board of Assessors on or before 3/1/2006?
☐ Yes, provide date: ____/____/____ ☐ No
3. Is the applicant a Massachusetts corporation? ☐ Yes ☐ No
Under what statute is applicant incorporated? _____
4. Is the applicant the beneficiary of a charitable Trust? ☐ Yes ☐ No
5. Is any of the income or profit divided among shareholders or members? ☐ Yes ☐ No

NOTE: If filing for personal property exemption only, please go to last section entitled "Additional Information".

Real Estate Ownership/Acquisition Information

1. Please indicate the owner of record **as of July 1, 2006:** _____
2. Please indicate the ownr of record **as of January 1, 2006:** _____
3. Please indicate the date when the property was acquired and the consideration:
Date: ____/____/____ Price: _____
4. Please check the appropriate reason for the acquisition:
☐ Corporate change in title
☐ Relocating organization headquarters
☐ Establishing organization headquarters
☐ Investment
☐ Expansion (describe intended use at the time of acquisition): _____

_____/_____/_____
Ward and Parcel Number

- [illegible]

Tax Clause Income _____
 Operating Clause Income _____
 Percentage Rent Income _____
 Billboard Income _____ # of Boards _____ Size(s) _____
 Parking: Income _____ # of Spaces _____ Rate per space day/month/year _____
 Telecommunications Rent _____
 Other Rent _____

- If yes**, identify each such user, the location, rentable area, the amount charged, and dates of use.

User	Location	Rentable Area	Amount Charged	Dates of Use

[illegible]

PARKING FACILITIES

Total Number of Spaces _____
 License Number (if any) _____

PART ONE: Indicate the number of spaces and rates by space and type.

TYPE	# SPACES	RATES	VALIDATION? (Yes/No)
Staff			
DAILY (Non-related)			
MONTHLY - (Non-related)			
Other Parking Type			

PART TWO: Complete this section if facility is also a lease.

Rentable Area	Base Rent per SF	Base year	Lease Term

PART THREE:

Total Revenue 12/31/06 _____
 Revenue from related entity _____
 Revenue from private entities (Non-related) _____

PART FOUR: Miscellaneous Information. Complete this section if facility is also a lease.

1. What measures does the applicant take to ensure that the parking designated for staff, clients, visitors, or charitable tenants is reserved exclusively for their use?

2. Does the applicant charge for parking? ☐ Yes ☐ No If yes, please provide a copy of the agreement.

Operating Expense Information. Includes property-related expenses only, not program expenses.

ADMINISTRATIVE	PAID BY OWNER	PAID BY TENANT OWNER
Payroll		
Management		
Legal		
General Office		
Security		
TOTAL		
CLEANING	PAID BY OWNER	PAID BY TENANT OWNER
Payroll		
Contracts		
Supplies		
Trash		
Miscellaneous		
TOTAL		
REPAIRS & MAINTENANCE	PAID BY OWNER	PAID BY TENANT OWNER
Payroll		
Elevators		
HVAC		
Electrical		
Plumbing		
Supplies		
Miscellaneous		
TOTAL		
UTILITIES	PAID BY OWNER	PAID BY TENANT OWNER
Electric		
Gas		
Oil		
Steam		
Water		
Miscellaneous		
TOTAL		
LEASING EXPENSES	PAID BY OWNER	PAID BY TENANT OWNER
Payroll		
Contracts		
Supplies		
Trash		
Miscellaneous		
TOTAL		
FIXED EXPENSES	PAID BY OWNER	PAID BY TENANT OWNER
Building Insurance		
Replacement Reserves		
Capital Improvements (detail on Sch. A)		
Gov't.-Mandated Improvements		
TOTAL		
GRAND TOTAL		

Operating Expense Information (continued)

SCHEDULE A: Capital Improvements

Please indicate any improvements made within the last five (5) years:

Description	Date Start	Date Complete	Actual \$ Cost	Functional Estimated Life

SCHEDULE B: Leasing Concessions

Tenant	Floor	Free Rent Term	Free Rent Amount	Buildout	Other

Additional Information

Please provide the following documents for the applicant:

1. Form 3ABC for FY 2007 filed on or before March 1, 2006. *(If applicant did not already file Form 3ABC for FY 2007, please file with this application and identify it as a new filing)*
2. Deed of Property
3. Articles of Organization or Charter
4. Organization By-Laws
5. If Charitable Trust, the trust and the schedule of beneficiaries as recorded at the Registry of Deeds.
6. List of current officers and directors or trustees of the organization including their residential addresses.
7. Certificate of Exemption from Massachusetts sales tax.
8. Federal Exemption 501 (c) (3) Letter.
9. Annual financial report.
10. Brochures or literature describing charitable activities/mission.

(If property was occupied by charitable tenants, please provide copies of the above-referenced documents for each charitable tenant. If property consists of multiple parcels, file a separate requisition for each parcel but send one set of documents only.)

Please NOTE:

The Assessing Department Board of Review may review the information you have submitted here at its option, but is under no obligation to review such materials in advance of the third quarter tax bill for FY 2006. Accordingly, if a tax is assessed on the third quarter tax bill but you believe the property qualifies for tax exemption, you must file a timely application for abatement after the fiscal year 2007 third quarter tax bill is issued in late December 2006. In order to maintain compliance with state laws, the Assessing Department will not inform you of any preliminary decision by letter. The third quarter fiscal year 2007 tax bill, issued in late December 2006, will reflect whether or not you have received an exemption. If you do not receive a tax bill, please request a duplicate tax bill from the Office of the Collector-Treasurer.

Charitable organizations and certain other exempt entities have an ongoing annual obligation to file the "Form 3ABC," entitled Return of Property Held for Charitable and Other Purposes, on or before March 1 prior to each fiscal year. (Form 3ABC is not required for religious organizations whose only property is a house of worship or a rectory). The filing of the Form 3ABC is mandatory and cannot be waived by the assessors. If an organization fails to file this Form every year or fails to file this form on time each year, no exemption can be granted, and previously exempt properties may be taxed. For fiscal year 2007, the Form 3ABC was due in the Assessors' office on March 1, 2006.

In order to be eligible for exemption in fiscal year 2007, the Form 3ABC must be filed on or before March 1, 2006. The Form 3ABC can be obtained from a legal stationery store, or online at www.cityofboston.gov/assessing. Please be sure to use the new Form 3ABC, recently approved by the Commissioner of Revenue.

In order to be eligible for exemption in fiscal year 2007, the Form 3ABC must be filled on or before March 1, 2006

Authorization

APPLICANT'S STATEMENT:

I certify under pains and penalties of perjury that the information supplied in this requisition is true and correct. (If applicable) I hereby authorize the representative whose signature appears at right to act on the applicant's behalf relative to its FY 2007 abatement application(s).

X _____
Signature of Applicant's Officer

Date: ____/____/____

Print Name: _____

Title: _____

REPRESENTATIVE'S STATEMENT:

I certify under pains and penalties of perjury that the information supplied in this requisition is to the best of my knowledge true and correct, and that I am the authorized representative.

X _____
Signature of Representative

Date: ____/____/____

Print Name: _____

Representative's Firm and Address:

